

CLAIM AGAINST DEPARTMENT OF TRANSPORTATION FOR AMOUNTS \$5,000 OR LESS

LD-0274 (REV 1/2003)

FOR STATE USE ONLY (BELOW)

DATE CLAIM RECEIVED		REVIEWED BY: DISTRICT CLAIMS OFFICER SIGNATURE		APPROVE AMOUNT \$ <input type="checkbox"/>	
<input type="checkbox"/> STATE RESPONSIBILITY		TORT FUND/ CONTRACT CONTINGENCY		<input type="checkbox"/> CONTRACTOR RESPONSIBILITY	
DISAPPROVE <input type="checkbox"/>					
LOCATION CODING					
DISTRICT		COUNTY		ROUTE	
POST MILE		E.A.		DCP	
TC		SOURCE DIST. UNIT		CHG.	
EXPENDITURE		SUB-JOB		SPECIAL DESIGNATION	
FA		AGENCY OBJECT		AMOUNT	
FFY		ENC. DOCUMENT NUMBER		SUF	
ITEM		CHAPTER		STATUTES	
FISCAL YEAR		SCHEDULE NUMBER		DATE	

I hereby certify upon my own personal knowledge that the budgeted funds are available for the period and purpose of the expenditure stated above.

ACCOUNTING OFFICER SIGNATURE

FOR CLAIMS FIVE THOUSAND DOLLARS (\$5,000) OR LESS

CLAIMS OFFICER
Department of Transportation
P.O. Box 911
Marysville, CA 95901

FOR CLAIMS OVER FIVE THOUSAND DOLLARS (\$5,000)

You must file with the Victim Compensation and Government Claims Board in Sacramento, California. If you have any questions about claims of more than five thousand dollars, call or write:

VICTIM COMPENSATION AND GOVERNMENT CLAIMS BOARD
POST OFFICE BOX 3035
SACRAMENTO, CA 95812-3035
PHONE: (800) 955-0045

The fact that this statement of the procedure to be followed in asserting a claim against the State of California has been furnished to you or that an investigation of any claim is undertaken is not to be taken as an admission of liability in any respect on the part of the state or any of its officers or employees; nor is the fact that this informational statement has been furnished to you to be construed as a waiver of any requirements imposed by law, or any defense which may be available to the State of California in connection with any claim that might be filed against it.